STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	08/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dios Da El Mana Corp	9980 Sw 1 Street Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted at Dios Da El Mana Corp. on , 2014. Dios Da El Mana Corp. had a deficiency at the time of survey.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to provide documentation of compliance with level II background screening for the Registered Nurse contracted by the facility to provide Limited Nursing Services.

Findings include:

Record review of the Registered Nurse contracted by the facility to provide Limited Nursing Services revealed that the last background screening on record was done on / .

The background screening website review revealed that this nurse had a new Level II Background Screening done on / and the status was Eligible.

During interview on , 2014 at 9:30 am, the facility administrator reported, "I am not able to print the level II background screening from the website because I do not have the password. I will go to see my consultant to see if the consultant is able to print it."

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on observation, record review and interview, the facility failed to ensure 1 out 6 residents sampled (Resident #3) had documentation of receiving Limited Nursing Services (LNS) daily.

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The findings include:

During observation on / / at 9:00 am, a locked box was observed inside of the refrigerator with (10 milliliter (ml) bottle) which belonged to resident #3.

Record review on / at 9:30 am, revealed that resident #3 resident record had no information recorded for administration, or any information regarding Limited Nursing Services.

Interview on / / at 11:00 am with the administrator and staff A revealed that resident #3, a hospice resident had daily administered by the LNS Registered Nurse. The Administrator and staff A reported, they did not know where the LNS nurse, who had contract with the facility, kept documentation of resident #3's LNS information on administration.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Dios Da El Mana Corp
9980 SW 1st Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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